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Speech, Language and Communication Impairments-- How the Practice Nurse Can Help

Communication is often defined as the ability to impart or exchange information by speaking, writing, gesture or other medium. Such a definition overlooks the importance of communication in being able to express one's personality, engage with friends and family and its centrality to personal development. Communication in the human species is key to the development of homo-sapiens and thus it is strange that speech and language disorders are often overlooked or not seen as pivotal to a person's quality of life.

Whilst there are many medical, surgical, psychological and environmental causes which underlie the various types of speech, language and communication impairments, it is more than likely that such difficulties will have a profound effect on the child or adult by limiting ability to participate in a full life, and frequently cause anxiety and frustration to the individual, their friends and family and can limit educational, recreational and work opportunities.

Speech, Language and Communication Problems in Children

Speech, language and communication needs are the most common special educational need observed in children during the primary school years¹. But the problems that children experience aren't confined to 5 to 11-year-olds. Approximately 7% of 12 to 14-year-olds² will also have a significant speech and language impairment affecting their ability to communicate while many preschool children show delays in the development of their speech, language or communication skills.

It is well known that there is wide variation in the rate and pattern of typical development in young children and that is true also of speech, language and communication. However, when children's problems persist into the early school years, they are at greater risk of problems with educational attainment³ or behaviour problems and bullying at school⁴ and are more likely to be unemployed or have low employment status later in life^{5, 6}. Research has also shown that these children are also more likely to have mental health problems as adults⁷ and a greater risk of becoming involved with crime⁸ or entering a cycle of poverty and dependence on the state. In other words, when children have problems with speech, language and communication which don't resolve, they can become a major cost to society as well as having limited life options themselves.

Determining who will have persistent problems can be difficult for health professionals however. Nurses working in primary care are frequently working with families and may be the first to identify that there may be a problem with a child's development in this area. Children will typically show problems with one or more aspects of speech, language and communication. Some children will show difficulties with the development of their speech which can make them difficult to understand or lacking in fluency (i.e., stammering). Other children may show a limited vocabulary or seem to struggle to put words together in sentences. These problems may often co-occur so that children who use a limited range of speech sounds also talk in short sentences and have a smaller vocabulary.

Some children whilst having normal sounding speech and language production may not be communicating normally. Examples would include: poor eye contact, not responding to questions,

use of repetitive phrases, lack of engagement and interest. Such behaviours suggest a child has a social communication disorder and may indicate that he or she is on the autistic spectrum. Whilst there is a wide degree of variation in the way this presents with every child having unique abilities and challenges, it is generally agreed that early identification and a speech and language therapist's intervention in assisting parents to stimulate communication is effective.

For some children, there may be an obvious cause for their difficulties relating to structural or neurological issues such as cleft palate or cerebral palsy or hearing impairment. In other cases, the delay in development may be associated with global developmental delay or a learning difficulty. In most cases, no clear cause is identified and the problem with speech and language is isolated.

While not all children showing impairment in their speech, language and communication development will require speech and language therapy, it is important that identification of needs in this area of development is responded to promptly. We know that vocabulary development in children as young as two is associated with low scores on school entry assessments⁹, so any advice we can provide to parents and carers in the early years that help to boost language skills could have a positive impact when they start school.

Speech and language impairment is also associated with problems acquiring literacy skills. This is because the skills which we need to develop our abilities at reading and spelling are related to those which we use to develop speaking and understanding. Some children who appear to 'grow out of' their early speech and language problems may show greater difficulty than their peers in learning to read and spell. Other children may have appeared to be developing speech and language along typical lines in their early years but then present with difficulties in progressing at school. Detailed speech and language assessment may reveal that such a child has difficulty with language processing and as such has difficulty in understanding what is said to them. These children can often go unnoticed in a busy classroom but the child may present either with social, emotional and behavioural needs or may be quietly failing with little awareness from the adults around them as to why this is the case.

How to help

The key role of the practice nurse is to encourage parents and carers to communicate with their baby from day one. The more language that a two year old hears the more rapidly they will add words to their vocabulary¹⁰. The richer the vocabulary and more complex sentences the child hears the more quickly their language will develop^{10,11} and helping the child by explaining the meaning of a word, for example when reading a book or watching television, makes a real difference to the child's language development¹¹. It is particularly helpful if the language that the child hears relates to their interest and is in response to their vocalisations and attempts at interaction. In this way, children learn more language from an individual who can interact with them directly and follows the child's lead.

The practice nurse should always be alert to children who are not developing speech and language in the usual manner by detecting if sounds are not just immature but abnormal in production or when vocabulary is severely restricted and not developing at the usual rate. In these cases referring to an

audiologist for a hearing test and to speech and language therapy for assessment is essential. If a parent is worried about their child's development it is important to take these concerns seriously as they are often the ones who are detecting subtle clues to real problems¹².

The role of the nurse and all healthcare professionals in supporting families who have children with speech, language and communication disorders cannot be underestimated. The Communication Trust (www.communicationtrust.org.uk), an organisation which supports everyone who works with children and young people who have speech, language and communication difficulties, reports the frequent frustration of parents who have been concerned about their children's communication development or lack of it but who have not been able to access appropriate assessment, treatment/intervention and advice and have frequently been incorrectly assured that the child 'will grow out of it'. Some handy tips to give to parents of young children are provided in the box below but do consider whether referral to speech and language therapy may also be appropriate for assessment and intervention. If you need help in identifying whether a child is having difficulties in the development of their speech, language and communication skills and/or need more information on advice to give parents of how to support their child, visit www.talkingpoint.org.uk for an online checklist and resources that can be downloaded.

Handy Tips for parents from ICAN (www.ican.org.uk)

1. Get your child's attention – say their name before you start talking and talk about something you can both see.
2. Have fun together – use actions, sing, make noises and funny faces. Being silly helps get their attention.
3. Comment on what they are doing and what is happening rather than asking lots of questions.
4. Give them time to think – children need more time than adults to work out what to say in response.
5. Use the right level of language – keep your sentences short if your child is at an early stage of language development.
6. Repeat what you say – it helps young children to hear the same thing over again to help them learn the meaning of each word.
7. Make it easier for them to listen – turn the music or TV off so that children can focus on what you are saying.
8. Build on what they say – adding one or two words to what they say can help your child to the next stage of talking.
9. Speak in your home language – it is really important that children learn the language used at home.

10. Make it easier for them to talk – dummies can get in the way of talking so try to teach them to take it out of their mouth when they are making sounds and words.
11. Show them the right way – don't correct your child but show them that you understand but saying the word or sentence correctly after them
12. Copy what they say – repeat back sounds, words and sentences that they say – it shows you are interested and that sounds and words are important.

Speech, Language and Communication Problems in Adults

Speech and language disorders in adults are frequently acquired following a stroke, head injury or as a symptom of a progressive neurological disease. The most common language disorder that is acquired after stroke or head injury is called aphasia and is associated with difficulties in both expression and comprehending language leading to difficulties with speaking, listening, reading and writing. Aphasia can be mild with the person having difficulty finding words to express an idea or it may be severe when the person may be unable to understand anything or to be able to even indicate 'yes' or 'no'. Aphasia may not be related to any intellectual decline and often causes severe emotional upset, depression and frustration.

Dysarthria is a motor speech disorder which may make the person difficult to understand as speech may be slurred, less precise, low in volume, uncoordinated, irregular and have abnormal pitch.

Some individuals may have a persistent voice disorder (trouble with phonation such as huskiness) associated with impairment of the larynx/vocal cords. This might be associated with a range of ENT problems or vocal abuse (frequent shouting) but, again, needs to be investigated if it is persistent. There is a higher prevalence of voice disorders associated with vocal abuse in professions where there is heavy use of the voice and the requirements of projecting over noise e.g. teaching.

Some adults may be dysfluent i.e. stammer, and may benefit from speech and language therapy at this time of their life, even if they did not earlier in their life, however, speech and language therapy for dysfluent children has good evidence of its effectiveness. .

An increasing number of adults in contact with the practice nurse may have a social communication disorder which is frequently associated with dementia or other mental health conditions. An assessment by the speech and language therapist of the individual's speech, language and communication problems identifying retained abilities and areas of particular difficulty can help the broader health and social care team to work more productively with the individual. Such an assessment can also assist in determining mental capacity and provide information on the best way of ensuring or determining whether an individual has understood a particular course of action or choice.

How to Help

Again, the role of the nurse is pivotal in the management of the person with speech and language and communication impairments. Understanding the isolating and frustrating situation of patients

with this type of disorder goes a long way in supporting relationships. Appreciation of the stresses that communication disorders place on the carer is also essential.

Communication tips provided by the National Aphasia Association
(<http://www.aphasia.org/aphasia-resources/communication-tips>)

1. Make sure you have the person's attention before you start.
2. Minimize or eliminate background noise (TV, radio, other people).
3. Keep your own voice at a normal level, unless the person has indicated otherwise.
4. Keep communication simple, but adult. Simplify your own sentence structure and reduce your rate of speech. Emphasize key words. Don't "talk down" to the person with aphasia.
5. Give the person time to speak. Resist the urge to finish sentences or offer words.
6. Communicate with drawings, gestures, writing and facial expressions in addition to speech.
7. Confirm that you are communicating successfully with "yes" and "no" questions.
8. Praise all attempts to speak and downplay any errors. Avoid insisting that each word be produced perfectly.
9. Engage in normal activities whenever possible. Do not shield people with aphasia from family or ignore them in a group conversation. Rather, try to involve them in family decision-making as much as possible. Keep the person informed of events but avoid burdening them with day to day details.
10. Encourage independence and avoid being overprotective.

The practice nurse has opportunities to raise the issue of a speech language and communication problem with the individual or the parent of a child in a less direct fashion which can lead to disclosure of difficulties which have been avoided or suppressed and can refer directly to speech and language therapy or, suggest onward referral to a general practitioner and guide the person to information regarding their condition which may be helpful to them in taking things forward themselves.

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